DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 4670 (Rev. 09/03)

STATE OF WISCONSIN
Bureau of Family & Community Health
WIC Program
Federal Reg. 246

PRENATAL QUESTIONNAIRE

Participation in WIC is voluntary. Personally identifiable information is used to determine WIC eligibility and may be disclosed to others only as allowed by state and federal laws.

INSTRUCTIONS: Please check your answer or fill in the blank. If you don't know an answer, leave it blank.

Your First and Last Name _____ Today's Date _____

Your Birth Date _____ Where have you been on WIC before? _____

What was the last grade you completed in school, if known (GED = 12th grade)? _____

1. Check the programs you use now:

☐ W-2, TANF	(a)	☐ SSI or Katie Beckett	(b)
☐ Food Stamps or Commodity Foods	(c)	☐ School Lunch or Summer Food Program	(d)
☐ Extension Nutrition Education Program (EFNEP or FNP)	(j)	☐ Family Planning	(e)
		☐ Health Check (EPSDT)	(g)
☐ Prenatal Care Coordination	(f)	☐ Other _____	(l)

2. Check how you are paying for your prenatal care:

☐ Medicaid/Healthy Start/Badger Care	(a)	☐ No insurance	(g)
☐ Insurance - co-pay or deductible	(f)	☐ Indian Health or Migrant Health	(c)
☐ Insurance with exclusions or restrictions	(h)	☐ Other government source	(d)
☐ Insurance - full coverage	(e)		

3. When is your baby due? _____
4. Are you pregnant with more than one baby? ☐ Yes ☐ No ☐ Not sure
5. How far along were you when you started seeing a health care provider for prenatal care (don't count just pregnancy test, vitamin prescription, or public health nurse visit)? number of months or date of visit _____
6. What is the name of your health care provider? _____ Clinic _____
7. When was your last dental visit? _____
8. How much did you weigh before you became pregnant this time? _____ Pounds ☐ don't know
9. How much weight do you think you will gain during this pregnancy? _____ Pounds ☐ don't know
10. How many times have you been pregnant before this pregnancy? _____ If this is your first pregnancy go to question 11 on the next page.

    Have you ever had a miscarriage, stillbirth, or abortion? ☐ Yes ☐ No

    Have you had any twins or other multiple births? ☐ Yes ☐ No

    When did your last pregnancy end (include a miscarriage, stillbirth, abortion)? (date) _____

    Have you ever given birth to a baby that weighed less than 5½ pounds? ☐ Yes ☐ No

    Were any of your babies born early (before 37 completed weeks)? ☐ Yes ☐ No

    Have you ever given birth to a baby that weighed 9 or more pounds? ☐ Yes ☐ No

    Did any baby die soon after birth? ☐ Yes ☐ No If yes, how old was the baby? _____

    Did any of your babies have a birth defect? ☐ Yes ☐ No

    Check any health problems you had during your last pregnancy: ☐ High blood pressure ☐ Diabetes

    ☐ Other _____

11. Check any health problems that a doctor has told you that you have now:

☐ Food allergy ☐ High blood pressure ☐ Disability
☐ Lactose intolerance ☐ Bad teeth or sore gums ☐ Depression
☐ Heart disease ☐ HIV/AIDS ☐ Stress
☐ Kidney disease ☐ Anorexia/Bulimia ☐ Other _____
☐ Diabetes

12. Check any other problems that you have now:

☐ Vomiting ☐ Constipation ☐ Nausea
☐ Diarrhea ☐ Indigestion ☐ Gas
☐ Heartburn ☐ Spotting or bleeding ☐ Other _____

13. Have you had any illness or surgery in the last six months? ☐ Yes ☐ No

If yes, what did you have? _____

14. Do you take any prescribed medicine? ☐ Yes ☐ No If yes, what do you take? _____

15. Are you taking a vitamin or mineral supplement? ☐ Yes ☐ No

16. Check any of these that you are using:

☐ Antacids ☐ Water pills ☐ Diet pills
☐ Smokeless or chewing tobacco ☐ Laxatives ☐ Fiber supplements
☐ Home remedies ☐ Cocaine, pot or other street drugs ☐ Herbs

17. Have you and your doctor or midwife talked about the pills or medicine you take? ☐ Yes ☐ No

18. Does anyone in your household smoke? ☐ Yes ☐ No

19. During the 3 months **before** you were pregnant, how many cigarettes per day did you smoke? _____

20. During the 3 months **before** you were pregnant, how many **days a week** did you drink beer, wine or liquor? _____

How many drinks a day did you have? _____

21. How many cigarettes a day do you smoke **now**? _____ Are you trying to quit? ☐ Yes ☐ No

22. How many days a week do you drink beer, wine or liquor **now**? _____

How many drinks a day do you have? _____

23. In the past 6 months, have you felt threatened or been emotionally, verbally, or physically hurt by your partner or someone close to you? ☐ Yes ☐ No

24. Do you eat cornstarch out of the box, laundry starch, paint chips, lot of ice, clay, or dirt? ☐ Yes ☐ No

If yes, what do you eat? _____

25. Have you breastfed before? ☐ Yes ☐ No ☐ I am breastfeeding now

If yes, why did you stop? _____

26. What do you think about breastfeeding your baby? _____

_____

27. How old do you think your baby might be when you first feed? _____

Baby cereal _____ Baby food _____ Juice _____

28. Check topics for which you would like more information:

☐ Childbirth/delivery ☐ Where to get health care for you/new baby
☐ Breastfeeding ☐ Smoking, alcohol or drugs
☐ Birth Control/Family Planning

WOMAN'S FOOD RECORD

Name _____ Today's Date _____

For the last 24 hours, write down everything you **ate** or **drank** (meals and snacks). Start with the first time you ate yesterday, to the first time you ate today.

TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN
EXAMPLE:		
10:30 a.m.	home	1 cup cornflakes cereal with ½ cup lowfat milk, 4 oz. apple juice
Noon	home	sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter 1 cup (8 oz.) tomato soup made with lowfat milk

Office Use Only: Bread: Frt: Veg: Milk: Meat:

1. Is this the way you eat most of the time? ☐ Yes ☐ No

   If no, why? _____

2. What foods do you refuse to eat? _____

3. How often do you eat away from home? ☐ 1 to 2 times a week ☐ 2 to 4 times a week

   ☐ almost every day Where are these meals eaten? _____

4. Are you on a diet, following diet restrictions, or trying to control your weight? ☐ Yes ☐ No

5. How is your appetite? ☐ Good ☐ Fair ☐ Poor

6. Circle the foods you ate or drank in the last three days:

Beef	Orange, grapefruit	Broccoli	Tea
Hamburger	Orange or grapefruit juice	Spinach, bok choy	Coffee
Pork	Strawberries	Greens (mustard, collard)	
Chicken	Pineapple/pineapple juice	Potatoes	Soda pop
Turkey	WIC Approved* apple juice	Cabbage, cole slaw	Flavored drink mix
Wild game	WIC Approved* grape juice	Green pepper	Hot chocolate
Tuna	WIC Approved* juice blends	Cauliflower	
Other fish, dried fish	WIC Approved* calcium-fortified juice	Tomato or tomato juice	
Liver, liverwurst	Watermelon	Carrots	
Peanut butter	Cantaloupe	Dark yellow squash	
WIC approved* cereals	Papaya, mango	Sweet potatoes	
Dried beans/ peas	Peaches, apricots	Pumpkin	
Peanuts/other nuts	Other fruits_____	Other vegetables_____	
Tofu	_____	_____	
Eggs			

Milk	White bread	Hot dogs	Chips
Cheese	Muffin	Sausage	Candy
Yogurt	Tortilla	Lunch meats	Gelatin
Ice Cream	Bun	Egg rolls	Cookies
Pudding	Rice	TV dinners	Donuts
Pizza	Rice skins	Pot pies	Cake, cupcakes
Tacos	Noodles	Canned meals like spaghettios	Popsicle
Enchiladas	Dark bread	Box meals like macaroni & cheese	
Lasagna	Pancakes	Canned soup	
Cheeseburger	Crackers		

*A list of WIC Approved cereals and juices is available from the local WIC Project

7. Do you ever eat rare meat, raw milk, raw fish, or raw or soft-cooked eggs? ☐ Yes ☐ No
8. Do you eat fish caught in Wisconsin lakes and rivers? ☐ Yes ☐ No
9. Do you ever go more than 12 hours without eating? ☐ Yes ☐ No
10. Did you have any problems last month getting enough food? ☐ Yes ☐ No
11. If you are short of money for food, what foods do you give up? _____
12. What foods do you think you should eat more of? _____
13. Who buys the food? _____ Who cooks the food? _____
14. Are meals planned? ☐ Yes ☐ No If yes, who plans the meals? _____
15. What working appliances do you have to make or store food? ☐ Stove ☐ Refrigerator ☐ Microwave ☐ Blender or food grinder
16. Where do you usually eat? ☐ Kitchen/dining table ☐ Living/TV room ☐ Other
17. Where does your drinking water usually come from? ☐ Well ☐ City water ☐ Bottled ☐ Don't know

    If well water, when was the last time it was tested? _____